Kentucky Department for Medicaid Services

Pharmacy and Therapeutics Advisory Committee Recommendations

The following chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics Advisory Committee at the May15, 2008 meeting. Review of the recommendations by the Secretary of the Cabinet for Health and Family Services and final decisions are pending.

Item	Options for Consideration
Topical: Impetigo Agents	1. DMS to select preferred agents based upon economic evaluation; 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization
Progestins for Cachexia	1. DMS to select preferred agents based upon economic evaluation; 2. Megace ES® must be preferred; 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization
Hepatitis B Agents	1. DMS to prefer ALL current agents (Hepsera®, Baraclude®, Epivir HBV®, Tyzeka®)
New Drugs To Market	1. New drugs/line extensions that enter the market and fall within a managed class on the Preferred Drug List (PDL) or within an existing Clinical Edit will require a Prior Authorization until reviewed by the Pharmacy and Therapeutics Advisory Committee (PTAC); 2. Review will be conducted within 75 days of the market entry date (as defined by First Data Bank (FDB)); 3. If a meeting is scheduled and cannot be held (i.e. due to weather issues or not achieving quorum, then the new drugs/line extensions agenda will be carried over to the next PTAC meeting; 4. New drug/line extension Prior Authorization request(s) will be reviewed for approval on a case by case basis by the State's Medical Director or designee
Antibiotics; Oral Quinolones	1. DMS to select preferred agents based upon economic evaluation; 2. Both generic ciprofloxacin and ofloxacin must be preferred (2nd generation agents); 3. A minimum of two 3rd generation agents must be preferred;

	4. Either Avelox® or Levaquin must be preferred (3rd generation agents); 5. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization
Narcotics; Long-Acting	1. DMS to select preferred agents based upon economic evaluation; 2. A topical fentanyl patch (brand or generic) must be preferred; 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization
Calcium Channel Blockers (DHP)	1. DMS to select preferred agents based upon economic evaluation; 2. All current generics must be preferred; 3. Any agent not selected as preferred will be grandfathered if there is a claim in history in the past 90 days; 4. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization
ACEI and CCB Combination	1. Rename class to: Angiotensin Modulators and CCB Combinations; 2. DMS to select preferred agents based upon economic evaluation; 3. DMS to select agent(s) based on economic evaluation with at least one preferred dihydropyridine and one ARB; 4. Any agent not selected as preferred will be grandfathered if there is a claim in history in the past 90 days; 5. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization
Lipotropics; Non-Niacin Triglyceride Lowering Agents	1. DMS to select preferred agents based upon economic evaluation; 2. One fibric acid derivative and at least fenofibrate must be preferred; 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization
Corticosteroids Intranasal	1. DMS to select preferred agents based upon economic evaluation; 2. At least one agent with pediatric indications must be preferred; 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization
Alzheimer's Agents; Cholinesterase Inhibitors	1. DMS to select preferred agents based upon economic evaluation; 2. Cognex® cannot be the sole preferred agent (if selected as preferred); 3. DMS to allow continuation of therapy if a claim in history in the past 90 days; 4. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization

Beta-Agonist Inhalers; Combination Products	1. DMS to select preferred agents based upon economic evaluation; 2. One agent indicated for pediatric patients age 4 years and above must be available; 3. All current agents must be preferred (Symbicort® and Advair®); 4. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization
High Potency Statins	1. DMS to select preferred agents based upon economic evaluation; 2. Simvastatin must be preferred; 3. Either Lipitor® or Crestor® must be preferred; 4. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization
Beta-Agonist; Long Acting Agents	1. DMS to select preferred agents based upon economic evaluation; 2. Must have at least one inhaler as preferred; 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization
Proton Pump Inhibitors	1. DMS to select preferred agents based upon economic evaluation; 2. Must allow Prevacid SoluTab® for patients under the age of 12; 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization
Alpha/Beta Blockers (Oral)	1. DMS to select preferred agents based upon economic evaluation; 2. All current generic agents must be preferred; 3. At least one alpha selective agent must be preferred; 4. At least one agent with a CHF indication must be preferred; 5. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization
Ophthalmic Prostaglandin Inhibitors	1. DMS to select preferred agents based upon economic evaluation; 2. Must have at least two preferred agents; 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization
Ophthalmic Antihistamines	1. DMS to select preferred agents based upon economic evaluation; 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization

Antibiotics; Macrolides	1. DMS to select preferred agents based upon economic evaluation; 2. Generic clarithromycin and azithromycin and all current generic erythromycin(s) must be preferred; 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization